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25885	7590 05/02/	72008	nave	nave its own certificate of mailing of transmission.		
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INDIANAPOLIS, IN 46206-6288				(Depositor's name)		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/510,393 10/05/2004 Britta Evers X-15555 2443 TITLE OF INVENTION: GROWTH HORMONE SECRETAGOGUES						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/04/2008
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	]		
STOCKTON, LA	URA LYNNE	1626	548-206000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Eli Lilly and Company  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents). If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Eli Lilly and Company  Indianapolis, Indiana						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) a  Issue Fee  Publication Fee (N		permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0840 (enclose an extra copy of this form).			
5. Change in Entity Stat	tus (from status indicates SMALL ENTITY states				ILL ENTITY status. See 37 (	
NOTE: The Issue Fee and	d Publication Fee (if req		ed from anyone other than			the assignee or other party in
Authorized Signature Typed or printed name	1	B. Myss s B. Myer		Date	8 May 2008	21
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						